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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Alisha Kenton

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Write the full name of each plaintiff.

CV  
(Include case number if one has been assigned)

-against-

THE CITY OF NEW YORK

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**COMPLAINT**

Do you want a jury trial?

Yes  No

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Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- Federal Question**
- Diversity of Citizenship**

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Sexual harassment.

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### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of  
(Plaintiff's name)

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(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

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If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_.

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of \_\_\_\_\_  
the State of \_\_\_\_\_  
and has its principal place of business in the State of \_\_\_\_\_  
or is incorporated under the laws of (foreign state) \_\_\_\_\_  
and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Alisha	N	Kenton
First Name	Middle Initial	Last Name
575 Exterior St Apt 715		
Street Address		
Bronx, Bronx	New York	10451
County, City	State	Zip Code
845-741-5334	alisha_kenton2008@yahoo.com	
Telephone Number	Email Address (if available)	

## B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

N/A	N/A
First Name	Last Name
THE CITY OF NEW YORK	
Current Job Title (or other identifying information)	
1 Centre St	
Current Work Address (or other address where defendant may be served)	
New York	NY
County, City	State
Zip Code	

Defendant 2:

First Name	Last Name
Current Job Title (or other identifying information)	
Current Work Address (or other address where defendant may be served)	
County, City	State
Zip Code	

Defendant 3:

First Name	Last Name
Current Job Title (or other identifying information)	
Current Work Address (or other address where defendant may be served)	
County, City	State
Zip Code	

Defendant 4:

First Name	Last Name	
Current Job Title (or other identifying information)		
Current Work Address (or other address where defendant may be served)		
County, City	State	Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence: ELEVATOR - COVID ISOLATION SHELTER - LONG ISLAND CITY, NY

Date(s) of occurrence: 05/22/2021

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I REPORTED SEXUAL HARASSMENT AT A COVID ISOLATION SHELTER IN LONG ISLAND CITY, NY ON 05/22/2021. THE PERPETRATOR, ANDREW ATKINS, ENGAGED IN AN EXTENDED AMOUNT OF CASUAL CONVERSATION; BEFORE FORCIBLY TOUCHING ME TWICE IN TWO SEPARATE INCIDENTS IN THE ELEVATOR. AFTER REPORTING THE INCIDENT TO A RESIDENTIAL WORKER AND RECEIVING NO RESPONSE, I THAN CONTACTED LAW ENFORCEMENT AND A COMPLIANCE HOT-LINE. THE SHELTER'S DIRECTOR, DARA BIBBS, ONLY SHOWED INTEREST AFTER BECOMING AWARE THAT LAW ENFORCEMENT WAS CONTACTED. AFTER MEETING WITH MS. BIBBS, AND DISCUSSING THE INCIDENT, I WAS ADVISED NOT TO TELL ANYONE OUTSIDE OF HER, AND IF DECIDED TO DISCUSS THE SITUATION WITH ANYONE, TO CONTACT HER INSTEAD. BIBBS ADVISED ME THAT FOR THE DURATION OF MY STAY, SHE WOULD MAKE SURE THAT I WOULD NO LONGER COME IN CONTACT WITH ANDREW ATKINS. HE WAS STILL EMPLOYED AND WORKING REGULAR SHIFTS. I HAVE NOT BEEN PROVIDED WITH ANY ABUSE HOT-LINE NUMBERS OR RECOURSES. DESPITE THIS, I FELT EXTREMELY UNCOMFORTABLE KNOWING THAT MY CONFIDENTIALITY OF MY REPORT WAS BREECHED AS STAFF MEMBERS DISCUSSED THE SITUATION. MEALS SUDDENLY STOPPED BEING DELIVERED TO MY DOOR AS WELL AS DAILY WELLNESS CHECKS OR GENERAL SUPPORT SINCE MAKING THE COMPLAINT.

I'VE OBSERVED THAT MY CONCERN'S HAVEN'T RECEIVED THE ATTENTION I BELIEVE IT DESERVES, POSSIBLY DUE TO BIASES RELATED TO MY HOUSING SITUATION. I'M SEEKING FAIR AND UNBIASED TREATMENT, AND I HOPE MY CONCERN'S CAN BE ADDRESSED IMPARTIALLY.

I FEEL THAT THE INVESTIGATION INTO MY COMPLAINT LACKED A FAIR AND THOROUGH EXAMINATION OF MY PERSPECTIVE. DESPITE BEING A PARTY INVOLVED, I WASN'T GIVEN AN OPPORTUNITY TO PROVIDE MY SIDE OR PRESENT ANY EVIDENCE. IT SEEMS THE INVESTIGATION RELIED HEAVILY ON THE OTHER PARTY'S ACCOUNT, LEADING TO A BIASED OUTCOME. I BELIEVE A MORE BALANCED AND COMPREHENSIVE APPROACH IS NECESSARY TO ENSURE A JUST RESOLUTION.

DESPITE THE CURRENT CONCLUSION, I RESPECTFULLY DISSAGREE WITH THE FINDINGS AND HAVE MADE THE DECISION TO PERSURE THE MATTER FURTHER NY TAKING IT TO A HIGHER COURT FOR A THOUROUS REVIEW. I BELIEVE IN THE MERITHS OF MY CLAIM AND ARE COMMITTED TO PURSUING JUSTICE THROUGH APPROPRIATE LEGAL ACTION.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

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#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I respectfully request the court to award appropriate monetary damages for the suffering and distress endured as a result of discrimination and sexual harassment, acknowledging the profound impact on my well-being and seeking just compensation for the associated harms.

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## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

02/19/2024

Dated

ALISHA

N

ALISHA KENTON

Plaintiff's Signature

First Name

Middle Initial

KENTON

Last Name

575 EXTERIOR ST APT 715

Street Address

BRONX, BRONX

NEW YORK

10451

County, City

State

Zip Code

845-741-5334

ALISHA\_KENTON2008@YAHOO.COM

Telephone Number

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.